

# 2006 Calls for Neuro-invasive Diseases (Encephalitis, Meningioencephalitis) Equine (modify as needed for other species)

Date: \_\_\_\_\_

Name of owner			
Address of owner			
City			
Zip			
Name of Horse			
Breed			
Sex	<input type="checkbox"/> Stallion	<input type="checkbox"/> Gelding	<input type="checkbox"/> Mare
Age	_____ years		
Address of Horse location			
City			
Parish**** where animal is!!!			
Zip			
vaccination status	<input type="checkbox"/> previously vaccinated *When? _____ <input type="checkbox"/> not up to date <input type="checkbox"/> never vaccinated <input type="checkbox"/> completed the series?		
did it live?	<input type="checkbox"/> Yes	<input type="checkbox"/> No	
did you euthanize?	<input type="checkbox"/> Yes	<input type="checkbox"/> No	
did it die? (ie, not euthanized)	<input type="checkbox"/> Yes	<input type="checkbox"/> No	
Blood taken?	<input type="checkbox"/> Yes	<input type="checkbox"/> No	Sent to:
Comments:			
Veterinarian			
Phone			
FAX #			
Email			

Any other pertinent data or comments:

Return by FAX or email to: Office of Animal Health Services  
225-237-5555 or [malc@ldaf.state.la.us](mailto:malc@ldaf.state.la.us)

Remember to send this form in upon "Suspicion of disease". Continue to stress the Public Health Significance of these diseases.

**We especially need the parish where the animal resides!**